

The Systemic Approach to Minimum Service Delivery Standards in the Devolved Health Sector

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Presentation by

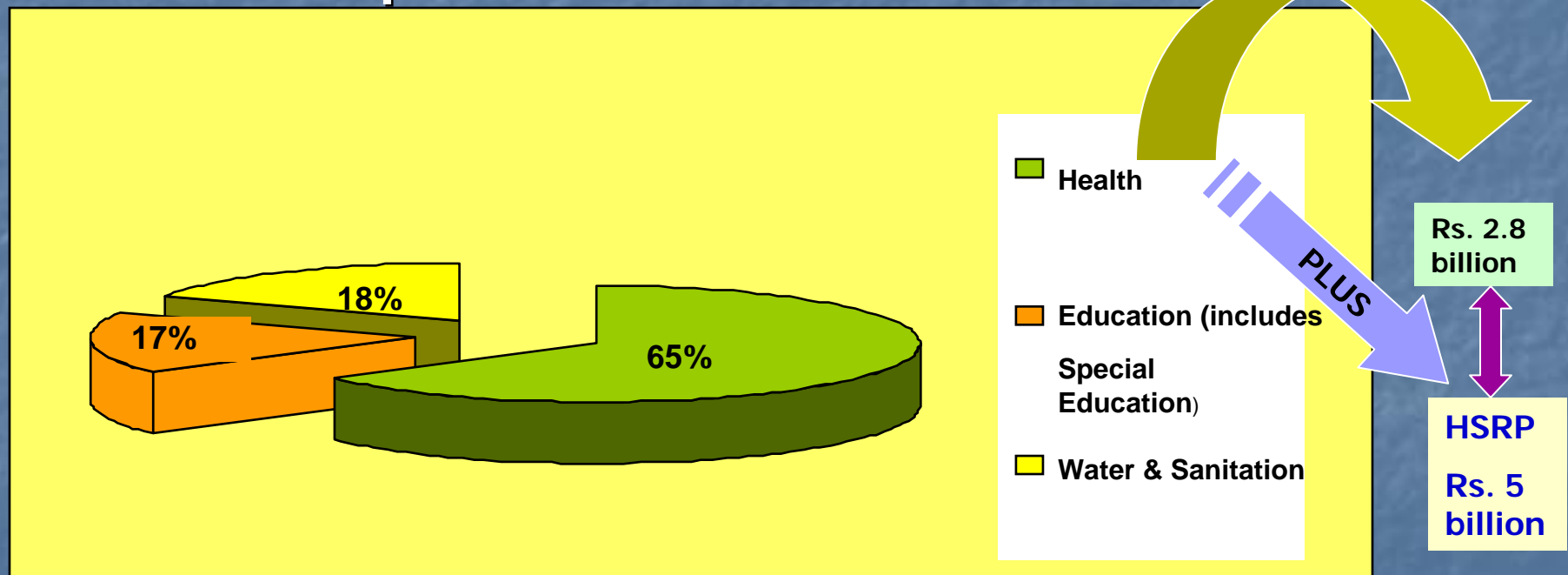
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PDSSP's Health Focus

1. Health
2. Education
3. Special Edu
4. WSS

- PDSSP aims at achieving the MDGs
- PDSSP is multi-sectoral but with a distinct Health focus
- PDSSP complements the HSRP



- An array of studies being undertaken through PDSSP's TA

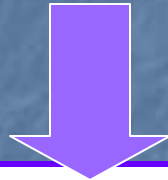
- One of them being the MSDS

For PDSSP- a Policy Action

For HSRP- a HSRF mandate

MSDS- The Basis

- Health Needs of the population and Burden of Disease are realistic factors
- Emphasis on quality basically leads to the discussion about Standards



2 Principal Objectives of MSDS:

- Provide a common set of requirements to ensure safe and qualitative health services
 - Provide a framework for continuous improvement in the overall quality of care
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- MSDS also envisage mandatory requirements & system specifications that must be complied with
 - MSDS do not operate in isolation
 - Need a host of other supporting interventions

Epidemiological Transition & BOD

- Pakistan is undergoing a rapid demographical and epidemiological shift
- Epidemiological shift is complex; **'Double BOD'**

Category	Percentage
Communicable Diseases	38.4%
□ <i>Infectious & Parasitic</i>	<i>20.4%</i>
Non-Communicable Diseases	37.7%
□ <i>Cardiovascular Diseases</i>	<i>10%</i>
Maternal & Peri-natal Conditions	12.5%
Injuries	11.4%

MSDS- The 'Package'

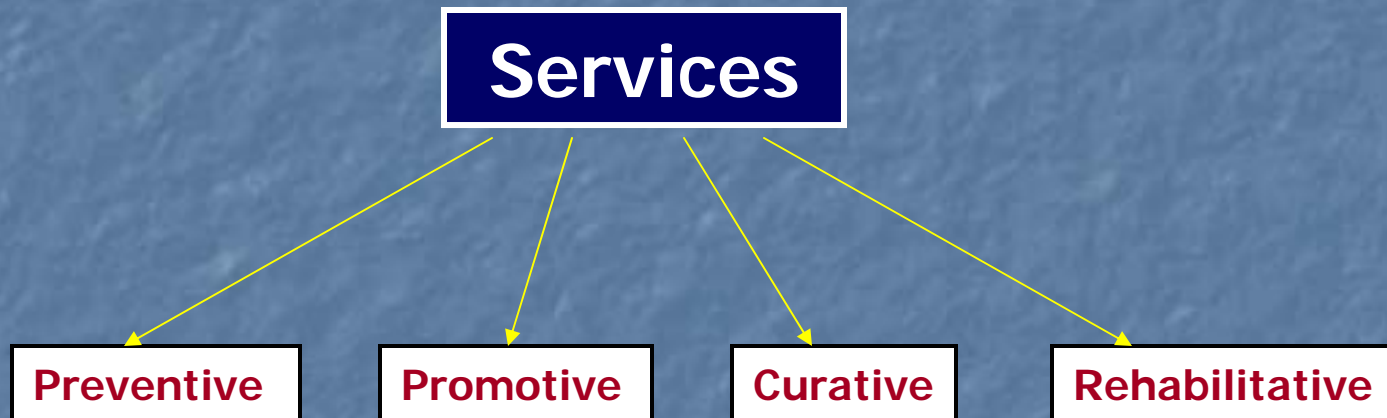
- Significant improvements over the existing SD standards
- Based on sound Situation Analysis & Int'l Best Practices
- MSDS Package contains interventions that address the major causes of the 'Double BOD'
- Will be the cardinal reference in determining the allocation of funds & other essential inputs over the medium term



Rs. 13 Billion Estimate

MSDS- The 'Package'

➤ 4 Strands of Services



➤ New Physical Yardsticks and Standards for Bed Strength, Human Resource, Training Systems, HMIS/DHIS , EDL & Referral System also given

THQ & DHQ Hospitals

Present: Doctor-Bed Ratio: 1:8 & Nurse-Bed Ratio: 1:8

Suggested: Doctor-Bed Ratio: 1:5 & Nurse-Bed Ratio: 1:5

Improvements over the Existing Levels

- The Service Package provides evidence to this effect
- **2 Interventions** are illustrative of this:

Services/ Interventions	Components	Standard of Care	Current Status of Punjab	Minimum Level of Acceptance	Level of Care/ Service Level
IMMUNIZATION	Measles, Diphtheria, Tetanus, Polio, TB, Pertussis, Hep-B & Tetanus Toxoid Immunization	Every child aged 1 year should be immunized against 7 diseases & every mother of child bearing age should receive 5 doses of TT or 2 doses of TT during pregnancy	76.8% overall 66% children are vaccinated against Measles 63% pregnant women	At least 90% of all children aged 1 year should be immunized against 7 diseases & minimum of 80% mothers of child bearing age should receive 5 doses of TT or 2 doses during pregnancy	BHU, RHC, THQ & DHQ Hospitals

Improvements over the Existing Levels

Interventions	Components	Standard of Care	Current Status Punjab	Minimum Level of Acceptance	Level of Care/ Service Level
NATAL CARE	Normal Delivery, recognize complications & referral	Natal Care by a SBA at Domiciliary or institutions	33% current	More than two thirds of all neonates born should have natal care provided by SBA at homes or institutions	BHU RHC
	Same as above plus management of complicated delivery	All the complicated deliveries should be referred to facilities which can handle them	15% of the pregnant women suffer pregnancy related complications & only 5% of these reach a health facility	All women with complications of deliveries should be properly handled & referred to facilities which can treat them appropriately	THQ, DHQ Hospitals

MSDS Need a host of Other Supporting Interventions

- PDSSP cognizant of this
- HSRP's Demands
- Planning through PDSSP's ASP Methodology gives SD the required Efficiency & Effectiveness
- Needs-based Planning paradigm
- ASPs made more evidence-based
- Real, Meaningful Improvements in SD

PDSSP's TA is critical in this respect

- ❖ SOPs & SMPs being developed
- ❖ Master Planning for THQ & DHQ Hospitals
- ❖ Job Descriptions for the Medical & Paramedical Staff in the Devolved Health Sector
- ❖ Performance Evaluation System
- ❖ Maintenance & Repair Protocols for the Devolved Health Sector
- ❖ Medico-legal Reform & establishment of a Coroner Service
- ❖ *Development of a Referral System*
- ❖ *District-specific BOD*
- ❖ *Feasibility Studies on Trauma & Stroke Centres and Drug Quality Control System*

MSDS+ Needs & Evidence-based Planning
+ Systemic (TA-Based) Improvements

Plus

BCC

Thank You